## **REGISTRATION FORM**

## UTAH COUNTY HEALTH DEPARTMENT POOL AND SPA TRAINING COURSE 2013 SCHEDULE



NAME			
ADDRESS		CITY	ZIP
EMPLOYER/COMF	PANY/POOL		
ADDRESS			CITY
DAYTIME or CELL	PHONE		POSITION
		COURSE O	PTIONS:
	2 Day CPO Cours	se	Recertification Options
☐ March 13-14, 2013	□ May 8-9, 2013	□ June 12-13, 2013	COMPLETE ONE OF THE FOLLOWING TWO OPTIONS
Course will be cancelled if less than 10 people have registered. Class limit is 15 people; once limit is reached registration for that class will be closed. If more than 15 register for a class, a second class will be offered when at least 10 individuals have registered.  Classes will last the full day <i>Wednesday</i> from 8:00 AM to 4:00 PM and <i>Thursday</i> from 8:00 AM to Noon. The test will be given after Thursday's class until 4:00 PM. The course requires you commit to the time period stated. Please bring a calculator and pencil.  Registration with payment is required at least one week prior to course! We highly recommend you become familiar with the course manual prior to the beginning of the course. A manual can be obtained in person at our office or mailed for an additional \$5 fee.		ay from 8:00 AM to M to Noon. The test until 4:00 PM. The time period stated.  uired at least one ally recommend you nanual prior to the can be obtained in	<ul> <li>certification which is valid for 5 years. Upon receipt of national certification applicant MUST also register with Utah County Health Department for an additional \$30 fee.</li> <li>Present an operator certificate to Utah County which was current within the past 12 months. Pay a \$50 fee and successfully complete an exam accepted by the State of Utah to receive an operator permit valid in UTAH COUNTY ONLY. This permit will be valid for 5 years. This option is available by appointment only and allows for the</li> </ul>
For addit			ule an appointment for Recertification at <b>801-851-7525</b> .
	COST OF F	POOL OPERATOR (	(CPO) COURSE AND TEST
\$290.00 Certified Pool Operator <b>2 Day Course</b> (includes book and national exam)			
□ \$	•		
MAKE CHECK	C DAVARI E TO.	ПСНР	
MAKE CHECKS PAYABLE TO: UCHD  MAIL TO: Utah County Health Department 151 South University Ave., Suite 2600 Provo, UT 84601			Office Use Only Amount Paid: \$  Payment Date:  Cash \( \subseteq \text{ Check } \subseteq \text{ Credit/Debit } \subseteq \]

Reviewed By: